

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

DEPARTMENT AND DIVISION:
 JUDICIAL DISTRICT OR BRANCH COURT:
 MAILING ADDRESS:
 STREET ADDRESS:
 CITY AND ZIP CODE:
 TELEPHONE:
 FAX:

**REPORT TO THE JUDICIAL COUNCIL:
 SUPERIOR COURT RECORDS DESTROYED, PRESERVED, AND TRANSFERRED**

1. You are hereby notified, as required by rule 6.755(l) of the California Rules of Court, that the following superior court records were *(check only one category per report)*:
- a. ☐ Destroyed by court order *(date of order)*:
☐ and preserved in another medium *(specify)*:
- b. ☐ Preserved for the ☐ comprehensive or ☐ sample court records *(specify the location of the records below, if different from the court address above)*.
- c. ☐ Transferred to an entity under rule 6.756 *(specify location of the records below if different from the organization's address)*.
Attach a copy of Judicial Council Form 982.8(2)(R).

Record Type	Beginning and Ending Case Numbers	Beginning and Ending Month and Year	Medium
2.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other <i>(specify)</i> :

Location:

3.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other <i>(specify)</i> :
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Location:

4.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other <i>(specify)</i> :
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Location:

Date: _____ Clerk, by _____, Deputy

(If necessary, use the reverse of this page to continue)

Record Type	Beginning and Ending Case Numbers	Beginning and Ending Month and Year	Medium
5.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			
6.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			
7.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			
8.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			
9.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			
10.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			
11.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			
12.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			